

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10-785-672

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	105	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	105 minus 20=	85
INDEPENDENT CLAIMS	11 minus 3=	8
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	FEES
BASIC FEE	385.00
XS 9=	765.
X43=	344
+145=	
TOTAL	1494.00
OR	770.00
XS18=	
X86=	
+290=	
OR TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	106	Minus	105 = 1
Independent	11	Minus	11 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY	OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE
XS 9=	25.00
X43=	
+145=	
TOTAL ADDIT. FEE	25.00
OR	XS18=
X86=	
+290=	
OR TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	Minus	---	=
Independent	Minus	---	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		XS18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	
OR		OR	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	Minus	---	=
Independent	Minus	---	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		XS18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	
OR		OR	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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[11443/160]

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventor(s) : Michael WHITMAN et al.  
Serial No. : 10/785,672  
Filing Date : February 23, 2004  
For : SURGICAL CUTTING AND STAPLING DEVICE  
Group Art Unit : 3721  
Examiner : Gloria Weeks

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on:

Date: Oct. 27, 2005 Reg. No. 42,674  
Signature: TC Hughes Thomas C. Hughes

**RESPONSE TO RESTRICTION REQUIREMENT UNDER 35 U.S.C. §121**

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 18 of this paper.



**REMARKS**

As an initial matter, originally numbered claims 65-105 have been amended to correct their numbering to claims 66-106, respectively.

In the Office Action, a restriction was made requiring election of one of the following groups:

Group I	Claims 1 to 10 and 70 to 78;
Group II	Claims 11 to 20 and 79 to 87;
Group III	Claims 21 to 27;
Group IV	Claims 28 to 40;
Group V	Claims 41 to 50;
Group VI	Claims 51 to 60;
Group VII	Claims 61 to 70;
Group VIII	Claims 71 to 99;
Group IX	Claims 100 to 106.

Accordingly, Applicant hereby elects, without traverse, the invention designated by the examiner as Group IX, i.e., correctly numbered claims 100-106. Thus, Applicants have withdrawn herein without prejudice claims 1-99 (as correctly numbered).

An early and favorable action on the merits is earnestly solicited.

**FEES**

The Commissioner is authorized to charge any necessary fees or credit any overpayments under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account No. 11-0600.

Respectfully submitted,

Dated: Oct. 27, 2005

By:   
Thomas C. Hughes  
(Reg/No. 42,674)

KENYON & KENYON

One Broadway  
New York, New York 10004  
(212) 425-7200

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